

## PART B - FEE(S) TRANSMITTAL

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46320 7590 10/12/2012

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	LAST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/407,141	09/28/1999	DENNIS D. KING	RSW91999074US1 (261)	2350

TITLE OF INVENTION: MULTI-LINGUAL USER INTERFACE CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1770	\$0	\$0	\$1770	01/14/2013
EXAMINER	ART UNIT	CLASS-SUBCLASS			01/11/2013 SMOHAMM 00000024 090461 09407141	
SPOONER, LAMONT M	2657	704-008000			01 FC:1501 1770.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Steven M. Greenberg, Esq.  
 2 Carey, Rodriguez, Greenberg & O'Keefe  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0461 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Steven M. Greenberg/

Date November 20, 2012

Typed or printed name Steven M. Greenberg

Registration No. 44,725

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